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PAICH	IT APPLICAT		tober 1, 2		TION REC	ORI	•	1	0//	, K	90		1
	CLAIMS	•	D - PART	-	lumn 2)	٠.	SMAL	L ENI	IIV	پير		ER THAI	
FOTAL CLAIMS		4					TYPE			96 1			
OR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FEE		FEE 85.00		RATE		-4
OTAL CHARGEABLE CLAIMS		7	7 minus 20=					4	/	OR	BASIC FI	 	<u>"</u>
DEPENDENT CLAIMS		7	/ minus 3 =		•		XS9		_/	OR	 	'	4
JLTIPLE DEP	ENDENT CLAIM						X43:	+	/-	OR	X86=	17	
the differen	ce in column 1 is	iess than	Zero enter	The house	column 0	' [+145	- 16	>>	QR	+290=		1
	CLAIMS AS				Column 2	•	TOTA	r 🖺		D R	TOTAL	770	
1/28/05	(Column 1)	-IIIENDE	(Colum		_(Column 3)		SMAL	L EŇ1	TTÝ (DR.		R'THAN ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- NAL		RATE	ADDITIONA	
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195	Solumn 1)		(Cotumr		(Column 3)	L	145. TOTAL DIT. FEE		-	BA	+290= TOTAL DOTT. FEE	**E	-
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ndependent	NTATION OF MU	Minus	-3		1	17	(43= .			-	X86=		1
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	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOE		PRESENT EXTRA	R	ATE	ADD TION/	W.	Γ.	PATE	ADDI- TIONAL	
xted .	27	Minus .	736			<u> </u>		FEE		-		FEE	•
		Ainus	4				Be.		/IOR	-	318-		•
RET PRESE	NTATION OF MUL	TIPLE DEP	ENDENT OL	AM.		Ľ	(3=	./	OR	Ľ	(86 =		,
tenby in coast	on 1 to lose than the	entry in octum	n 2, write "O" (n colum	n di	•	45= 01AL		OR		290-	1X	
• Tenner Mar	ther Previously Paid Noer Previously Paid Or Previously Paid F	FOR IN THIS	SPACE IS less	than 2	D, enter "20."	ADDIT	200		OB.		UL PER		~